*Utility of Form—to be used as a referral form when an evaluation is being requested*

Section 504 Referral

Student: Date:

School: Date of Birth:

Teacher: Grade:

Parent: Phone:

Address

Referred by Position:

1. Reason for referral:

2. Accommodations and interventions attempted:

3. Has the student ever been referred, evaluated, and/or received services from

special education? Yes No If yes, explain:

4. Referral action:

Signature of Section 504 Coordinator Date

Form –B2 Date last modified 3/5/13